

SECTION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	SL	555	02/12/01
<b>RESPONSE FORMALITY REVIEW</b>	D.B.	1070	05/04/01

# INDEX OF CLAIMS

✓ Rejected N Non-elected  
 + Allowed I Interference  
 - (Through numeral) Canceled A Appeal  
 + Restricted O Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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03/02/01